

COMMONWEALTH OF VIRGINIA DEPARTMENT OF MINES, MINERALS AND ENERGY DIVISION OF GAS AND OIL

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INSPECTION REPORT		
NAME AND ADDRESS OF PERMITTEE:	OPERATION NAME: FILE NUMBER: APPLICATION NO.: DATE ISSUED: OPERATION TYPE:	
ACTIONS OF THE INSPECTORS: NEXT INSPECTION DUE BY:		
TYPE OF INSPECTION: OPERATION STATUS: PRIORITY:		
INSPECTED and found Acceptable:		
INSPECTED and found Not Acceptable:		
COMMENTS/RECOMMENDATIONS:		
DATE START - STOP INSPECTOR:		INSPECTION: